

Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120028-4
Federal Employees Health Benefits Program

Name of Carrier _____ No. _____

Address _____

Table A.1. Original Enrollment: Number of individuals
by State, Option, and Type of Coverage

Part A: Both Options

State (Employee's Residence)	Total Number Covered				Number Covered for			
	Total Number of Individuals (Col. 3 + 4)	Total No. of Employees (Col. 5 + 6)	Total No. of Dependents (Col. 7 + 8)	Self Only	Family		Number of Dependents	
					Number of Employees	Spouse		Children
Col. No.	1	2	3	4	5	6	7	8
Grand Total - U. S.								
Alabama								
Alaska								
etc.								

Part B. High Option - Same Table as Part A.

Part C. Low Option - Same Table as Part A.

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Table A. 2. ORIGINAL ENROLLMENT: Number of employees and dependents by age and option

AGE	Total Employees and Dependents			Number of Employees						Number of Dependents		
	Both Options	High Option	Low Option	Both Options	High Option	Low Option	Both Options	High Option	Low Option			
	(3+4)	(7+8+12)	(9+10+13)	Male	Female	Male	Female	Male	Female			
	(7+9)	(8+10)								(12+13)		
Col. No. 1	2	3	4	5	6	7	8	9	10	11	12	13
Under 19												
19 - 34												
35 - 44												
45 - 54												
55 - 59												
60 - 64												
65 - 69												
70 and over												

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Table A.3. Original Enrollment: Number of Employees enrolled by Option and Type of Coverage, Sex and Marital Status

Option	Total Number of Employees			Male Employees			Female Employees			
	Type of Coverage	Total (5 + 8)	Married (6 + 9)	Single (7 + 10)	Total (6 + 7)	Married	Single	Total (9 + 10)	Married	Single
Col. No.	1	2	3	4	5	6	7	8	9	10
Total, both options										
Self only										
Family										
Family - Female employee with nondependent husband										
High Option, Total										
Self only										
Family										
Family - Female with nondependent husband										
Low Option, Total										
Self only										
Family										
Family - Female employee with nondependent husband										

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Table A. 4. Original Enrollment: Summary by Amount of Salary, Option and Type of Coverage

Salary	Total, both options				High Option				Low Option			
	Total	Self Only	Family	Family - Female employee with nondependent husband	Total	Self Only	Family	Family - Female employee with nondependent husband	Total	Self Only	Family	Family - Female employee with nondependent husband
	(3+4+5)	(7+11)	(8+12)	(9+13)	(7+8+9)				(11+12+13)			
Col. No. 1	2	3	4	5	6	7	8	9	10	11	12	13
Total												
Under \$4000												
\$4000-\$5999												
\$6000-\$9999												
\$10,000 and over												
	One short report											
	Due after enrollment is completed											

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Table A. 5. Quarterly Summary of Enrollment: Number of enrolled employees and annuitants by option and type of coverage

Option and Type of Coverage	Total (Col. 3 & 4)	Number of Employees	Number of Annuitants		
			Total (Col. 5 & 6)	Employee - Annuitants	Survivor Annuitants
Col. No. 1	2	3	4	5	6
Total, both options					
Self only					
Family					
Family - Female with nondependent husband					
High Option, Total					
Self only					
Family					
Family - Female with nondependent hus- band					
Low Option, Total					
Self only					
Family					
Family - Female with nondependent hus- band					

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Table B. Conversions: Number of Conversions from coverage under the FEHB Program to nongroup individual contracts, by type of coverage.

Type of FEHB Coverage	Number of Conversions			Number of Conversions by					
				Active Employees			Annuitants		
	Total (3+4)	Single Coverage (6+9)	Family Coverage (7+10)	Total (6+7)	Single Coverage	Family Coverage	Total (9+10)	Single Coverage	Family Coverage
Col. No. 1	2	3	4	5	6	7	8	9	10
Total, both options									
Self only									
Family									
Family - Female employee with non-dependent husband									
High Option, Total									
Self only									
Family									
Family - Female with nondependent husband									
Low Option, Total									
Self only									
Family									
Family - Female employee with non-dependent husband									

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C. Summary of transfers to this Health Benefit Plan or Option by previous plan and option

A. Total Transfers

Code of Plan and Option	Option of this Plan <u>to</u> which Enrollee has transferred				
	From which Enrollee has transferred	Your Codes			
Total Transfers					
101					
102					
103					
104					
105					
106					
201					
202					
203					
204					
205					
206					

Carriers 30 - 44

1)
2)
3)
4)
5)
6)
 Option and Coverage

- B. Active Employee - Separate Table as above
 C. Employee Annuitants - Separate Table as above
 D. Survivor Annuitants - Separate Table as above

50 - 63

1)
2)
3)
4)
5)
6)
 Option and Coverage

80 - 87

1)
2)
3)
4)
5)
6)
 Option and Coverage

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